

6/1/91

The stamp of the P.T.O. acknowledges receipt of:

1. Certified Copy of  
UK Q2 07908  
2. Transmitted letter



RE: 10/5/10, 3/16

ATTY. GEN.  
AYL-10-PCT  
MAILED 1st CLASS  
27 APR. 06

EXHIBIT-B



RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Regarding Application Number 10/510,316 including:

Certificate of Mailing by Express Mail  
Amendment Transmittal Letter  
Amendment After Final in response to Office Action dated November 27, 2007 and an  
Advisory Action dated January 8, 2008  
Change of Attorney's Address in Application

01/25/2008



EB 838392657 US



Mailing Label  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery Month Day	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT  
Express Mail Corporate Acct. No. ☐ WAIVER OF SIGNATURE (Domestic Mail Only)  
Additional merchandise insurance is void if customer requests waiver of signature.  
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY  
☐ Weekend ☐ Holiday

Mailer Signature

FROM: (PLEASE PRINT)

PHONE ( )

GEROW P. BRILL  
20 OAKMONT CIRCLE  
NEW FREEDOM, PA  
(A44-12) 17348

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



TO: (PLEASE PRINT)

PHONE ( )

COMMISSIONER OF PATENTS  
PO BOX 1450  
ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.